	•		BEST	AVA	LABLE	COP'	N OC	1	853	989
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000										
		CLAIMS AS	(Column 1) (Column 2)			SMALL	FATTY	OR	OTHER SMALL	
TOTAL CLAIMS		34:			RIT	is grande		RATE	FEE	
FOR		NUMBER FILED NUMBE		ER EXTRA	BASIC	£00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		34 minus 20= *		14	X\$ E	126	OR	X\$18=		
INDEPENDENT CLAIMS		// minus 3 =		8	X.	***************************************	OR	X80=		
MULTIPLE DEPENDENT CLAIM F			RESENT			mar.ii	120		.070	
* If the difference in column 1 is			less than zem ent	er "O" in c	olumn 2	+	-5-	OR	+270=	
11			AMENDED - PART II			TC		OR	TOTAL OTHER	THAN
	C	(Column 1)		umn 2)	(Column 3)	Sħ	Υ	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIC NU PRE	HEST MBER VIOUSLY D FOR	PRESENT EXTRA	F .	DI- IAL E/		RATE	ADDI- TIONAL FEE
	Total	· 4	Minus **	34	= 0	· .		OR	X\$18=	/
	Independent	. 2	Minus ***	11	= ()	×	X -	OR	X80=/	
2	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDE	NT CLAIM		- J		1	+270=	
.						41	(A)	OR	TOTAL	
							æ	OR	ADDIT, FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	HI NL PRE	lumn 2) GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	F:	I- AL		RATE	ADDI- TIONAL
	Total	. 6	Minus	4	= 0		\ Z	OR	X\$18=	
	Independent	. 3	Minus •••	2	= 0		\ -	OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>	1	+270=	
	•			•			Tiener.	OR	TOTAL	<u> </u>
		- A			/O-1 61	AD.	·	JOR	ADDIT. FEE	
	and the service of months of the second of	(Column 1) CLAIMS	HI HI	lumn 2) GHEST	(Column 3)		:1-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT	PRE	IMBER VIOUSLY ID FOR	PRESENT EXTRA		AL		RATE	TIONAL FEE
Ž	Total	•	Minus **		=			OR	X\$18=	ï
ME	Independent	•	Minus •••		=		***************************************	OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] -		1	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independ nt) is the highest number for the box in column 1.										
FORM PTO-875 PALE. (Rev. 8/00) PALE. GPO: 2000-460-706/20103										